FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC **Mall Processing** Section

FORM D

OMB Number: 3235-0076 Expires: Estimated average burden hours per response.....16.00

JAN 22 2008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR Washington, DC UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix	Serial				
DATE RECEIVED					
1	1				

Name of Offering '(Check if this is an amendmen; and name has changed, and indicate change.)		
Common Stock Offering		
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment	PROCESSED	
A. BASIC IDENTIFICATION DATA	JAN 2 8 2008	
1. Enter the information requested about the issuer	THOMSON—	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) PIN Incorporated	FINANCIAL	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone	Number (Including Area Code)	
600 1ST AVENUE, SUITE 605, SEATTLE WA 98104-2268 206.624.934	! 1	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone (if different from Executive Offices)	Number (Including Area Code)	
Brief Description of Business		
provider of product information		
Type of Business Organization Corporation Imited partnership, already formed business trust limited partnership, to be formed other (please specify):	08023428	
Month Year Actual or Estimated Date of Incorporation or Organization: 0 8 0 7 2 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada: FN for other foreign jurisdiction)		

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted UI.OE and that have adopted this form. Issuers relying on UI.OE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFIC	EATION DATA		2.2
2. Enter the information requested for the following:			
Each promoter of the issuer, if the issuer has been organized within the	past five years;		
 Each beneficial owner having the power to vote or dispose, or direct the v 	ote or disposition of, 10%	√ or more of a clas	s of equity securities of the issuer
 Each executive officer and director of corporate issuers and of corporat 	e general and managing	partners of partne	ership issuers; and
 Each general and managing partner of partnership issuers. 			
Check Box(es) that Apply: Promoter Beneficial Owner DE	xecutive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) COZAD, MICHAEL		<u> </u>	
Business or Residence Address (Number and Street, City, State, Zip Code) 600 1ST AVENUE, SUITE 605, SEATTLE WA 98104-2268			
Check Box(es) that Apply: Promoter Beneficial Owner E	xecutive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			
Check Box(es) that Apply: Promoter Beneficial Owner E	xecutive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		-	
Business or Residence Address (Number and Street, City, State, Zip Code)			
Check Box(es) that Apply: Promoter Beneficial Owner E	xecutive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			
Check Box(es) that Apply: Promoter Beneficial Owner E	xecutive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			
Check Box(es) that Apply: Promoter Beneficial Owner E	xecutive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			
Check Box(es) that Apply: Promoter Beneficial Owner E	xecutive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if individual)		······································	
Business or Residence Address (Number and Street, City, State, Zip Code)			
(Use blank sheet, or copy and use additional	al copies of this sheet, as	necessary),	

	* 5 *			-	В, І	NFORMAT	ION ABOU	T OFFERI	NG		:		
	Uac the	icener col	l or does t	he iccuer i	ntend to se	ll to non-s	occedited i	nvectors in	s this offer	ina?		Yes	No 🗖
ι.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?					***************************************	K						
2.	What is	the minim	um investn			pted from		-				s 5,00	0.00 *
		•					,					Yes	No
3.	Does th	e offering	permit join	t ownersh	ip of a sing	gle unit?		••••••	•••••	••••••		Z	
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full	_	Last name	first, if ind	ividual)		· ·· -					•		
		Residence	Address (N	Jumber an	d Street. C	ity, State, 2	Zip Code)						
520						,,							
Nan	ne of As	sociated Br	oker or De	aler									
Stat	es in Wi	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individua	l States)	•••••••	••••••					☐ Ai	l States
	AL	[AK]	ĀZ	[AR]	CA	CO	[CT]	DE	DC	FL	GA	HI	aï
	IL	[N]	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV)	NH	NJ	NM	NY	NC.	ND	OH	OK]	OR	PA
	RI	SC	SD)	TN	TX	[UT]	VT	VA	WA	WV	<u>wi</u>	WY	PR
Full	Name (Last name	first, if ind	ividual)	•		•						
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)		 				
Nan	ne of Ass	sociated Br	oker or De	aler									
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	<u> </u>	· - · ·				
	(Check	"All States	" or check	individua	States)				•••••	***************************************		☐ Al	l States
	AL	AK	AZ	AR	CA	[CO]	CT	DE	DC	FL	GA	Ш	[D]
	IL	IN	ĪA	KS	KY	LA	ME	MD	MA	MÏ	MN	MS	МО
	MT	NE	NV	NH	NJ	NM	NY	NC]	ND	OH)	OK]	OR	PA
	RI	SC	SD	[TN]	TX	UT]	VT	[VA]	WA	[WV]	Wt]	WY	PR
Full	Name (Last name	first, if indi	ividual)			-						
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Nan	ne of Ass	ociated Br	oker or De	aler		<u> </u>			<u> </u>				
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)							□ AII	States					
												 Tuit	[767]
	[AL]	AK IN	AZ IA	AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	MS MS	ID MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН		OR	PA
	RI	SC	SD	TN	TX	UT	∇T	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

^{*} The Corporation has sole discretion to accept lessor amounts.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	s	\$
	Equity	\$ 428,000.00	\$ 428,000.00
	☑ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	s
	Partnership Interests		·
	Other (Specify)		
	Total	428,000.00	\$ 428,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	·	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Investors	Dollar Amount of Purchases
	Accredited Investors		\$ 200,000.00
	Non-accredited Investors	_	\$ 228,000.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rute 505	-	\$
	Regulation A		\$
	Rule 504		•
	Total		\$ 0.00
			3
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	Z	\$_15,000.00
	Accounting Fees		s
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify) filing fees		\$ 300.00
	Total		\$ 15,300.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF I	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		412,700.00 \$
i.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	s	<u></u> \$
	Purchase of real estate		□ \$
	Purchase, rental or leasing and installation of machinery and equipment	s	□ s
	Construction or leasing of plant buildings and facilities		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		_
	Repayment of indebtedness	 :	·
	Working capital		_
	Other (specify):		
		□ \$	□ \$
	Column Totals	<u>\$ 0.00</u>	☑ \$ <u>412,700.00</u>
	Total Payments Listed (column totals added)	∑ \$ <u>41</u>	2,700.00
-	D. FEDERAL SIGNATURE		
igi	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor persuant to paragraph (b)(2) of I	sion, upon writte	le 505, the following n request of its staff
SSI	and the state of t	Date	
PII	N Incorporated	January 14, 200	8
Jau	me of Signer (Print or Type) Title of Signer (Print or Type)		
/lic	chael Cozad President	· <u>· · · · · · · · · · · · · · · · · · </u>	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)